

P950000 33802

TRANSMITTAL LETTER

FILED
95 MAY -1 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

100001470181
-05/01/95--01080--011
***131.25 ***131.25

SUBJECT: Seabreeze Excavating & Development, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

Mail out

FROM: Shirley B. Parramore
Name (printed or typed)

P. O. Box 646
Address

Panacea, FL 32346
City, State & Zip

(904) 545-5057 Mobile
Daytime Telephone number

NANCY HENDRICKS MAY - 1 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
95 MAY -1 PM 3:14

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Seabreeze Excavating & Development, Inc.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P. O. Box 646
Panacea, FL 32346

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Shirley B. Parramore
~~P.O. Box 646~~ George Lighthouse Condos, Hwy. 98, #A-3
Panacea, FL 32346

ARTICLE V INCORPORATOR(S)

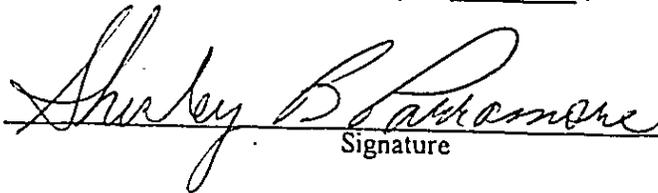
See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Shirley B. Parramore
George Lighthouse Condominiums
Highway #98, A-3
Panacea, FL 32346

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26 day of April, 19 95


Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Seabreeze Excavating & Development, Inc.

2. The name and address of the registered agent and office is:

Shirley B. Parramore
(NAME)
George Lighthouse Condominiums
Highway #98, A-3
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)
Panacea, FL 32346
(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Shirley B. Parramore
(SIGNATURE)

April 26, 1995
(DATE)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

95 OCT 18 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000033802**

1 Corporation Name

SEABREEZE EXCAVATING & DEVELOPMENT, INC.

Principal Place of Business

P.O. BOX 646
PANACEA FL 32346

Mailing Address

P.O. BOX 646
PANACEA FL 32346

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2 New Principal Office Address, If Applicable

SAME

Suite, Apt #, etc

City & State

Zip

3 New Mailing Office Address, If Applicable

SAME

Suite, Apt #, etc

City & State

Zip

Country

4 Date Incorporated or Qualified
To Do Business in Florida

05/01/1995

5 FEI Number

59-3313695

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

1 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Shirley B. Parramore	P.O. Box 646 PANACEA FL	N/A
Secy TREASURER	Shirley B. Parramore	PO Box 646 (FD)	N/A

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****375.00 ****375.00

8. Name and Address of Current Registered Agent

PARRAMORE, SHIRLEY B
GEORGE LIGHTHOUSE CONDOS.
HWY. 98, #A3
PANACEA FL 32346

9. Name and Address of New Registered Agent

Name
SAME AS LISTED
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt #, Etc
City
State **FL** Zip Code

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Shirley B. Parramore
REGISTERED AGENT MUST SIGN

Date

9-17-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath

SIGNATURE:

Shirley B. Parramore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-17-96

Daytime Phone #

CFR2040 (7/96)